


U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF <u>Jennaya Bennett-Werra Alk/A James Bennett-Werra</u>	COURT CASE NUMBER <u>1:20-cv-10017-ADB</u>
DEFENDANT <u>ZeZinha Mitchell</u>	TYPE OF PROCESS <u>Summons and complaint</u>
SERVE  NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>ZeZinha Mitchell</u>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>20 Bradston Street Boston MA, 02118</u>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Jennaya Bennett-Werra Alk/A James Bennett-Werra
ID#1902435
Suffolk County H.O.C
20 Bradston Street Boston, MA 02118

Number of process to be served with this Form - 285

2

Number of parties to be served in this case

6

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Assistant Deputy Superintendent /
Classification at Suffolk County House of Corrections

Fold

Signature of Attorney or other Originator requesting service on behalf of:

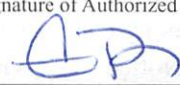
☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

4/3/2020

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk 	Date <u>4/24/20</u>
---	---------------	-------------------------------------	------------------------------------	--	------------------------

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.
MARIA Romero, Asst. Gen Counsel

Address (complete only if different than shown above)

Date of Service <u>5/21/20</u>	Time <u>4:15</u> <u>pm</u>
-----------------------------------	-------------------------------

Signature of U.S. Marshal or Deputy



Service Fee <u>65.00</u>	Total Mileage Charges (including endeavors) <u>1.15</u>	Forwarding Fee	Total Charges <u>66.15</u>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
-----------------------------	--	----------------	-------------------------------	------------------	--------------------------------	------------------

REMARKS:

2 miles

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

Jennaya Bennett-Werra AKA James Bennett-Werra

COURT CASE NUMBER

1:20cv10017-ADB

DEFENDANT

Steven Tompkins

TYPE OF PROCESS

Summons and complaint

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Steven Tompkins, Suffolk County Sheriff

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

20 Bradston street Boston MA, 02118

AT

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Jennaya Bennett-Werra AKA James Bennett-Werra
ID# 1402435
Suffolk County H.O.C
20 Bradston street Boston MA, 02118

Number of process to be served with this Form - 285

2

Number of parties to be served in this case

6

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Suffolk County Sheriff

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

4/3/2020

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.

(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

No. 355

District to Serve

No. 355

Signature of Authorized USMS Deputy or Clerk

Date

4/24/20

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Maria Romero, Asst. Gen counsel

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

5/21/20

Time

4:15 pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee

65.00

Total Mileage Charges (including endeavors)

Forwarding Fee

Total Charges

65.00

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS:

2 miles

PLAINTIFF Jennaya Bennett-Werra A/K/A James Bennett-Werra	COURT CASE NUMBER 1:20-cv-10017-ADB
DEFENDANT Yolanda Smith	TYPE OF PROCESS Summons and complaint
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Yolanda Smith Suffolk County H.O.C Superintendent	
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 20 Bradston street Boston MA, 02118	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	
Jennaya Bennett-Werra A/K/A James Bennett-Werra ID# 1902435 Suffolk County H.O.C 20 Bradston street Boston MA, 02118	Number of process to be served with this Form - 285 2
	Number of parties to be served in this case 6
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold House of corrections Superintendent at Suffolk county

Signature of Attorney or other Originator requesting service on behalf of: Jennaya Werra	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 4/3/2020
---	---	------------------	------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 35	District to Serve No. 35	Signature of Authorized USMS Deputy or Clerk GP	Date 4/24/20
---	---------------	------------------------------	-----------------------------	--	-----------------

I hereby certify and return that I ☒ have personally served ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) MARIA Romero, Asst. Gen Counsel	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service 5/21/20
	Time 4:15 pm
	Signature of U.S. Marshal or Deputy [Signature]

Service Fee 65.00	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges 65.00	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
----------------------	---	----------------	------------------------	------------------	--------------------------------	------------------

REMARKS:
2 miles

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF <u>Jennaya Bennett-Werra A/K/A James Bennett-Werra</u>		COURT CASE NUMBER <u>1:20-cv-10017-ADB</u>
DEFENDANT <u>Jennifer Sullivan</u>		TYPE OF PROCESS <u>Summons and complaint</u>
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Jennifer Sullivan, Suffolk County H.O.C</u>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>20 Bradston Street Boston, MA 02118</u>	
AT		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		
<div style="border: 1px solid black; padding: 5px;"> <u>Jennaya Bennett-Werra A/K/A</u> <u>James Bennett-Werra ID #1402435</u> <u>Suffolk County H.O.C</u> <u>20 Bradston Street Boston, MA 02118</u> </div>		
Number of process to be served with this Form - 285		<u>2</u>
Number of parties to be served in this case		<u>6</u>
Check for service on U.S.A.		

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Grievance coordinator at Suffolk
County House of Corrections, work week Days 9:00AM-5:00PM

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

4/3/2020

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk <u>ED</u>	Date <u>4/24/20</u>
---	---------------	-------------------------------------	------------------------------------	---	------------------------

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

MARIA ROMERO, Asst Gen Counsel☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

Time

5/21/20 4:15 pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee <u>65.00</u>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <u>65.00</u>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
-----------------------------	---	----------------	-------------------------------	------------------	--------------------------------	------------------

REMARKS:

2 miles.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF <u>Jennaya Bennett-Werra ALIA James Bennett-Werra</u>	COURT CASE NUMBER <u>1:20-cv-10017-ADB</u>
DEFENDANT <u>Christina Ruccio</u>	TYPE OF PROCESS <u>summons and complaint</u>
SERVE ➔ { <u>Christina Ruccio, Suffolk County H.O.C</u> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>20 Bradston Street Boston, MA 02118</u>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	
<u>Jennaya Bennett-Werra ALIA James Bennett-Werra ID# 1902435</u> <u>Suffolk County H.O.C</u> <u>20 Bradston Street Boston, MA 02118</u>	Number of process to be served with this Form - 285 <u>2</u>
	Number of parties to be served in this case <u>6</u>
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Suffolk County H.O.C Director of
Women's Programming works 9:00AM - 5:00PM weekdays

Signature of Attorney or other Originator requesting service on behalf of:

Jennaya Werra
☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

4/3/2020

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <u>358</u>	District to Serve No. <u>358</u>	Signature of Authorized USMS Deputy or Clerk <u>EP</u>	Date <u>4/24/20</u>
---	---------------	--------------------------------------	-------------------------------------	---	------------------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

MARIA Romero, Asst. Gen Counsel☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

5/21/20

Time

4:15 pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee <u>65.00</u>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <u>65.00</u>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
-----------------------------	---	----------------	-------------------------------	------------------	--------------------------------	------------------

REMARKS:

2 miles

2020 JUN 16 PM 3:32

FILED
IN CLERKS OFFICEPRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)
(Instructions Rev. 12/08)